

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

17246

FILED MAY 18 1943

Registration District No. 222

Primary Registration District No. 1000 5014

Registrar's No. 533

1. PLACE OF DEATH:

(a) County Andrew,
(b) City or town Rural, Jefferson, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. # 3, St. Joseph, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years. (Specify whether
In this community 25 years. years, months or days)

3. (a) PRINT FULL NAME Charles William Deaton,

3. (b) If veteran, name war None, 3. (c) Social Security No. 491-09-0905

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edith Deaton, 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 8th, 1876 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 7 16 hr. min.

9. Birthplace Davies County, Missouri, (City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper,

11. Industry or business Retail Plumbing

12. Name William Monroe Deaton,

13. Birthplace Unknown, (City, town, or county) (State or foreign country)

14. Maiden name Jennie Broce,

15. Birthplace Unknown, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles W. Deaton
(b) Address R.F.D. # 3, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director B. T. Bloomer
(b) Address 319 So. 10th. Street, St. Joseph, Mo.

19. (a) 2-25-43 (Date received local registrar) (b) B. T. Bloomer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Andrew,
(c) City or town Rural, (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 3, St. Joseph, Mo. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24th.
year 1943 hour 7:00 minute 40 a.m.

21. I hereby certify that I attended the deceased from Nov. 18, 1942 to Feb. 24, 1943
that I last saw him alive on Feb. 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
(decomp. & ascites) Duration 2 1/2 wks.

Due to arterio-sclerosis
& hypertension ? yrs.

Due to Pneumonia - lobar 1 week.

Other conditions (Include pregnancy within 3 months of death)
Major findings: none PHYSICIAN 108
Of operations none
Of autopsy none
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature B. T. Bloomer (M. D. or other) M. D.
Address 1218 N. 3rd St. Date signed 2/25/43

1072 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

2/24/43, Registered Apprentice No. ✓
working under my personal supervision.

Signed

Licensed-Embalmer No. 3619

P. O. Address. DK Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.